

**Transfer of Reserved Name****1. Type of Corporation ('X' in one only)**☐

Mississippi Profit

☐

Mississippi Nonprofit

☐

Mississippi Limited Partnership

☐

Foreign Limited Partnership

☐

Foreign Profit

☐

Foreign Nonprofit

**2. Name reserved****3. Owner of reserved corporate name****4. Transferred to****5. Address**

Address

City, State, ZIP5, ZIP4

Signature  
of Owner/  
Applicant

(Please keep writing within blocks)